

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

10775345

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/	/				
2	/	/				
3	/	/				
4	/	/				
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44	/	/				
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47	/	/				
48	/	/				
49	/	/				
50	/	/				
TOTAL IND.	3					
TOTAL DEP.	23					
TOTAL CLAIMS	36					

	IND	DEP	IND	DEP	IND	DEP
51	/	/				
52	/	/				
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